

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXV.

THURSDAY, DECEMBER 26, 1861.

No. 21.

ON THE DIVERSITY OF INFECTIVE MATTER, AND THE DIVISION
OF SYPHILITIC FORMS OF DISEASE FOUNDED THEREON.

BY PROF. DR. C. SIGMUND, OF VIENNA.

[Translated from the *Medizinische Jahrbücher*, Heft iv., 1861, for the Boston Medical and Surgical Journal,
by J. C. WHITE, M.D., Boston.]

CLINICAL observations, as well as systematic experiments on inoculation, have led to the conclusion now adopted by specialists, that gonorrhœa with its train of symptoms forms a group of morbid phenomena, which in their origin, course and end are really different from those produced by venereal and syphilitic ulcers, or what are commonly called "chancre." On this account the term "*syphilis*" is inapplicable to the former group in strictly scientific language. (See *Zeitschr. der k. k. Gesellsch. der Aerzte*, 1853, Maiheft, s. 440, und 1854, Juliheft, s. 38.)

Although a few physicians indeed attributed the existence of the so-called syphilitic forms of disease to a variety in the infectious matter, still until within the last fifteen years the great majority of physicians and specialists were satisfied with the belief in its oneness, and explained accordingly the origin and development of the various venereal and syphilitic forms in multifarious ways, as the views on general pathology then prevalent, or individual opinion, led them. Inasmuch as the first appearances, which follow the transmission of infectious matter, are often either entirely or more or less similar, and inasmuch as the experienced observer can give no safe opinion in the beginning in regard to the later events which are to follow, but little weight was attached till that time to the question whether the origin of the syphilitic forms was to be sought in a single or dual matter of infection, especially as it could not be isolated either by chemical or physical means. All the more attention was therefore bestowed upon the carriers of the infective matter, the conditions of the transfer, and the morbid symptoms which constantly accompanied it, and in this way there was established a real stand-point for the separation of the dis-

VOL. LXV.—No. 21

cases in the infiltration of most, if not all of the lymph-glands. (See *Mediz. Wochenschr.*, 1853, No. 31.)

As carriers of the syphilitic virus we recognize the pus, the blood, and the *exudative fluids* of persons affected with syphilis; all the other fluids of the same carry with them the infective matter only so far as they are mingled with the above. The transfer takes place only upon wounded surfaces; never upon sound skin. The first sign of the actual admission of the virus shows itself in such places as well-defined exudation or infiltration (pustule, ulcer, papule) either *very quickly* (in 1, 2, or at least 4 days), or *much later* (after 2, 3, 6 weeks), and such primitive forms are distinguished by the customary term "*primary*." Those forms, however, which develop themselves in distant organs and parts of the system, are called in the most general sense "*secondary*," although this term in its precise meaning is applied only to the symptoms of the *general* affection of the whole organism—in other words, infection of the blood. (First, infiltration of the lymph-glands most intimately connected with the point of reception, then gradually of those farther and farthest removed, and at the same time and subsequently an appearance of spots, papules, pustules, nodules and ulcers.) Observations extending over many years, upon individuals who were well known to the observer before their infection, prove that *this general* affection does not follow every transfer; but that, on the other hand, many persons undergo repeated transfers, in which the infection is communicated through various and distant portions of the skin and mucous membrane (such as the anus, navel, axilla, mouth, nipple, between the teeth, and even upon the tongue, gums, and tonsils), without any other result than a purely local trouble, such as ulcers, or at most inflammation of the *nearest* glands (with or without suppuration), and without the slightest appearance of any affection of the general system; whereas, on the contrary, a single transfer is sufficient in the case of other persons, after a local affection (ulcer, pustule, papule), to produce the "*secondary*" or "*general*" symptoms above mentioned. The *interval* within which the first sure signs of the same show themselves, is from the *sixth* to the *eighth* week, and in exceptional cases (anæmia, fever, and pregnancy) extends to the *twelfth*. Considering the uniformity or similarity of the *primary* forms, there remains for the determination of the beginning of the "*secondary*," only the survey of the *general* system, and especially the condition of the lymph-glands during this interval (see *Mediz. Wochenschr.*, 1853, No. 31, and 1860, No. 14), and I have therefore insisted upon the fact that the only real proof and sign of the general syphilitic affection of the system is the accompanying universal disease of the lymph-glands. *Where this symptom is wanting, there no syphilis exists*, and only careless investigation or voluntary assumption can fail to recognize a sign which is demonstrable in every syphilitic patient.

The gradual affection of the greatest part of, if not the entire lymphatic glandular system, forms the constant and by far the most reliable sign of general syphilis, and is the true distinguishing mark between it and other diseases, which begin in the same or in a similar manner, progress, but do not end in the same way, and which in their effect upon the general system are entirely different. This disease of the glands explains also the anæmic and hydræmic condition, which, more or less marked according to individual circumstances, always accompanies the approach of constitutional syphilis; and the secretions from the diseased glandular system and blood give rise to the hyperæmic and exudative processes of the skin and mucous membrane (spots, papules, pustules, ulcers and so on). The disturbances in the nutritive, locomotive and nervous systems (fever, emaciation, pallor and discoloration, weakness and sluggishness of the muscles, pain, restlessness, &c.) account for the other appearances in syphilitic patients in a very simple manner according to the generally-received pathological views, and shed additional light also upon the severer symptoms and more exaggerated forms in such persons as are already suffering from diseases of the more important organs, in addition to their syphilis, as the glands, lungs, liver, spleen, kidneys, &c., or are afflicted with such in the course of the same (a second source, therefore, of anæmia, impoverishment, and finally infection of the blood), conditions which may be called cachexia and dyscrasia, provisionally, until grounds for a more accurate nomenclature are discovered. This transition of dyscrasia into cachexia betokens a localization of the inflammatory processes in special systems and organs, most frequently in the cellular tissue, bones and cartilages, or in the head, nose, gums and throat; suppurative softening and permanent destruction of the affected tissue characterizing this event. The formation of tubercle and amyloid degeneration, together with dropsy and consumption, finally appear in syphilitic patients, as the result of the union of the disease with organizations, whose vegetative systems were affected either before or after the syphilitic attack.

In accordance with such a view of the forms of disease, which are designated by the customary collective name of syphilis, has arisen the division into four different groups:—gonorrhœa, the primary contagious ulcers, the contagious and infectious secondary forms, and pseudo-syphilis.

I. The gonorrhœal group embraces the contagious inflammations of the mucous membrane with their sequences and without the formation of ulcers. The catarrh has its seat in the mucous membrane, most frequently that of the sexual organs, is produced by the transfer of an infective matter concealed in the secreted mucus and pus, extends often from the spot first attacked over the whole mucous membrane of the affected organ and to the glands connected with it, and when long continued gives rise to narrowing of the canal, granulations of the skin, and (from the disturbed ex-

cretion of the urine in the kidneys) rheumatism and arthritis. In favorable organizations and under regulated, dietetic conditions, the cure of gonorrhœa may be effected without the aid of drugs. Obstinate persistence, frequent relapses, and often very severe sequelæ, are observed in scrofulous, tuberculous and anæmic persons. Gonorrhœa can *attack the same individual repeatedly, and just as often, in fact, as new opportunity for the transfer is permitted.*

II. *The primary contagious forms* consist of *ulcers and abscesses* seated in the external skin, mucous membrane and cellular tissue, most generally of the sexual organs and their neighborhood, the source of which is to be discovered in the transfer upon abraded surfaces of contagion-bearing pus from just such forms, and the sign of the successful transfer of which becomes visible *in a few days* (1 to 4) as a pustule or suppurative wound, with sharply outlined softening of the affected tissue. Where the point of abrasion is very slight, pustules resembling those of vaccination are developed, while suppurating patches result where the wound is extensive, and in this way ulcers may be transferred to various parts of the body, near or remote, of the same individual. The spread of the ulcers is various, depending upon their seat, the external influences, and the constitution of the patients, so that phagedenic and gangrenous destruction sometimes accompany them. There often arise, moreover, in the course of the ulcers, and in their immediate neighborhood, inflammations of the glands and cellular tissue, with the formation of abscesses, the pus of which is infective.

To such after-appearances is the whole course of the primary ulcer limited, and no other affections of more distant systems and organs result from it. The *contagion*, it is true, can be scattered over many points of the external skin, and an acute glandular inflammation thus be brought on, but a general disease of the glands, and consequently, *infection*, never results, and the non-appearance of the same within a certain period is a fact founded upon *observation continued from case to case.* These forms also *may attack the same individual anew and repeatedly at various times*, as often, in fact, as fresh opportunity for the transfer of the contagion is afforded. The primary forms run their course as a purely local disease of the affected skin and the lymph-glands most nearly connected with it, and are cured under favorable dietetic auspices without the aid of medical treatment, the tissues affected by the pus being thrown off and cicatrization following. This process is simplified, lightened and hastened by artificial assistance (see *Mediz. Wochenschr.*, 1860, No. 14). In cases of anæmia, scrofulosis, tuberculosis, and the marasmus of intermittent fever, we do, indeed, find chronic inflammation of the nearest glands, but not of those remote. Primary ulcers have a circular form, sharply-cut edge, and in the beginning both border and base thick, tough and infiltrated with pus.

The edge and base are soft, occasionally however somewhat thicker and firmer than the surrounding unaffected skin, and the consistence of its cicatrix is the same. In individual cases the base of the ulcer becomes harder, and likewise the cicatrix, in consequence of the longer duration of the suppuration, especially in anæmic and scrofulous persons, or when there has been much chemical and mechanical irritation of the sore. The distant glands, however, are not affected in such cases, and at most a single one or a pair of those in the closest neighborhood take on acute inflammation. Hardness of the edge and base from the beginning, or gradually developed and constantly increasing induration of the same, *with extension of the hardness out over the edge of the ulcer*, point to the development of the secondary form, and *the diagnosis of the same attains certainty* by the simultaneous swelling and induration of the nearest groups of lymph-glands, which gradually affects those more and farthest distant. *Without this occurrence, the induration alone of an ulcer, a cicatrix, or of a neighboring gland, has no diagnostic importance, and the separation between primary and secondary disease rests only upon this, the real ground of distinction.* In the majority of cases, the affection of the lymphatic glands shows itself during the sixth week, reckoning from the time of transfer; an earlier appearance being a very great rarity, and a later one being observed only in the so-called anæmic processes (typhus, smallpox, scurvy, the intermittent dyscrasia, tuberculosis, after exhaustive confinement, &c.). Even in such cases the secondary disease follows at farthest within twelve weeks after the successful transfer.

III. *The secondary forms—the true “syphilitic” forms*—have their seat at first in the outer skin or mucous membrane, most frequently (though not so often as the primary) in that of the sexual organs and their immediate neighborhood. They are produced by the transfer of infective matter upon *wounded* surfaces, either from persons *primarily* diseased, in which case there is the rapid formation of an ulcer visible within 1 to 4 days, or from those affected *secondarily*, the symptoms (infiltration of the skin, papule, pustule, ulcer) appearing later, at least not before the fourteenth day. *Arising locally* in this way, the affection spreads onward, partly upon and in the skin, partly through the lymph vessels into the glands and blood, to which diseased elements (cells? granules?) are borne. A succession of consecutive, sharply-characterized appearances upon and in the skin, as well as mucous membrane, viz., hyperæmic and exudative phenomena (spots, papules, pustules, nodules), furnishes sufficient evidence of the distribution and proportionate excretion of such elements. These symptoms follow, in the time, manner, duration and form of their appearance and course, a certain regularity, and are constantly attended by more or less perceptible disturbances in the nutrition of the general organism, which are observable in the digestive, secretory and ex-

cretory systems, the locomotive and nervous apparatus, in various ways, according to the individual case, but are always characterized by weakening and obstructing the nutrition and other functions. A later train of symptoms exhibit exudative processes penetrating more deeply into the organization of distinct tissues and organs, and characterized by liquefaction, shrivelling and deposition. These forms appear often sharply defined (nodules and nodes, pustules and ulcers, later scars, depositions of pigment, and of calcareous matter in the cartilages and nodes), quite as frequently, however, without any characteristic appearance as to form, periphery, color and duration. At times even they occur mingled with those of the earlier train of symptoms in the cellular tissue, the sheaths of the muscles, tendons and nerves, the synovial membranes and periosteum, the cartilages and bones themselves, and in single organs (eye, testis, liver, spleen, kidney, brain, spinal cord), and can only be safely diagnosticated by means of accurate investigation of their cause, observation of their course, and comparison with and exclusion of similar (though in fact really distinct) processes. Accompanying and following these symptoms there is developed an impoverishment of the blood in the same way as always results from the long-continued disease of organs indispensable to the preparation of the blood and nourishment of the system. A "cachexia," thus gradually developed by syphilis, has, then, no especial characteristic with the exception of its cause, and terminates, like all others, according to the individual circumstances of the patient, sooner or later in death from atrophy, phthisis or marasmus. The time required for the development of all these symptoms, which change much according to individual and external relations, is various, but *always of long duration*, and the syphilitic forms disappear, as daily observation teaches, in otherwise vigorous constitutions, and under favorable external influences, at various periods of time, *without each single patient going through all or the most of these phases*. In no small proportion of cases even the syphilis terminates at the first train of symptoms, and leaves visible here and there but faint indications at most of the earlier forms. Precisely the same is observed, although less frequently, in the second train of symptoms, more deeply affecting the tissues, in which after the discharge of the softened exudations and infiltrations has been accomplished with more or less observable loss of tissue, the appearances of syphilis cease, and the earlier normal nutrition of the system is restored. *In this sense, then, there is a spontaneous cure of syphilis*. In persons with more or less developed constitutional predisposition to disease, or with diseases already formed (tuberculosis, scrofula, affections of the spleen, liver, heart or kidneys, or anæmia from other manifold causes), the softening and shrivelling of the deposits are more frequent, protracted, obstinately persistent, and severe, and the exudative processes tend more to relapse. *Syphili-*

tic diseases, therefore, are always more severe, according as the organism is affected by the spores of other diseases which disturb the nutrition, or by those already developed, or according as it is attacked by such diseases from other causes, either in the course of syphilis or after it has existed for some time. This view, founded upon the observation of daily life, explains those exaggerated and protracted forms of disease, curable either by great loss of substance or else not at all so (ulcers of the external skin and mucous membrane, caries of cartilage and bone), which have been generally attributed to syphilis entirely without distinction of cause, without regard to combination and complication. The changes in the tissues and the composition of the exudations and infiltrations, commonly called syphilitic, are not yet sufficiently known. A more thorough separation of the processes resulting, either indirectly or constantly, from syphilis, as their real and necessary cause, must first be established, and then it will be possible to estimate properly the value of the anatomical and chemical relations of pathology to syphilis. To apply, however, at this period hypothetical views of pathology to hypothetical forms of a group of diseases not yet definitely determined, and to deduce the laws of their origin from dyscrasiæ ("krasen"), and accordingly to apply hypothetical names, is merely to increase the already existing confusion. First of all, syphilitic patients should be rigorously and objectively examined, the traces and appearances of syphilis be unmistakably determined, then the evident signs of other diseases are to be considered in connection with the syphilitic symptoms, and the mutual relation to, and influence upon each other to be ascertained, after which we may for the first time estimate the share of syphilis in the various processes, which affect single systems and organs, as well as the general organism. Without such a circumspect distinction and estimate, it would be very unscientific to call affections syphilitic, which, although occurring in syphilitic persons, belong either to entirely distinct diseases, or else cannot be attributed to syphilis alone as the real and only cause. The references, so frequent at the present time, to syphilis in the case of exudations, ulcers, formation of scars, paralysis and pains, deserve a searching investigation, before being received into the good material of unbiassed, sound judgment, however ingenious may be the analogies and hypotheses offered in their favor.

IV. Lastly, the group *pseudo-syphilis* embraces those forms which, in their seat, specified origin, form, course and method of treatment, offer more or less resemblance to syphilis, but which by more accurate knowledge may be referred sometimes to the latter, sometimes to entirely different groups of disease—as lupus, the more frequently occurring endemic syphilides, skenlievo, radesyge, &c.; also the maculous, papulous, and pustulous eruptions.

According to this division there were, for instance, in the year

1860 (in the *Allgemeine Krankenhaus*): 455 gonorrhœal forms, 375 primary forms, 488 secondary forms, and 83 pseudo-syphilides.

This method of classification has been followed by me in the separation and treatment of the various forms, both in clinical representations, and the yearly review of the syphilitic department, and in dividing the primary—*contagious*—from the secondary—*contagious and infectious*—forms, the affection of the lymph-glands has been adhered to, as the only real ground of distinction between the two. The diagnosis of a succession of cases accordingly is not made at the entrance of the patients into the institution, and only after they have been some time under observation, for the present state of our knowledge does not yet allow any other reliable process. For the purpose of diagnosis, as well as for the treatment founded thereon, the question of variety and number of the contagious principles seems to me a subordinate one, because, as already explained, the first forms of disease do not often afford signs so sharply defined that we can immediately and safely distinguish between the contagious and infectious forms; and accordingly we are *not at all* able to form a reliable conclusion in regard to the original form or that which is to follow. Whether one is a believer in the “unitarismus,” the “dualismus,” or even the “trinitarismus,” it is only continued observation which, in any great number of given cases, can determine in reference to their diagnosis and classification. On the other hand, the theory of dualism affords so simple a standpoint for the *explanation of these processes*, that a juster estimation of the same should not be cast aside by a stubborn preference for the already accepted, although hypothetical theory of unitarism, especially as the doctrines of dualism are of high importance in more than one relation to therapeutics and hygiene.

[To be concluded in our next.]

DIPHThERIA.

[Communicated for the Boston Medical and Surgical Journal.]

[THE following account of Diphtheria, as it occurred in the town of Wellfleet, in this State, in the year 1857, has been kindly furnished us by Dr. H. I. Bowditch, to whom it was sent in a letter by Dr. T. N. Stone, of that place, dated Nov. 2d, 1858.—EDS.]

Preceding the appearance of diphtheritis, and in the locality where it began, typhoid fever and diarrhœa, with stomatitis, prevailed. One striking peculiarity of disease, during the summer and autumn of 1857, in this town, was its strong tendency to a particular locality. Diphtheria began on a street on the eastern side of a long hill skirting our harbor, and kept the direction of that street in its march through the town, covering a width of one fourth of a mile. This was the infected district for two or three months, and I know of no case that happened outside of these

limits, unless the patient had come (within a few days previous to the attack) from the diseased neighborhood. But commencing at the shore, and passing up the street mentioned, the first house had four cases of typhoid fever and two of diphtheritis; the next, one of diphtheria, followed by fever; passing one house, the second had two of fever, and one of diphtheria; the second from that, two of diphtheria; two houses opposite, three cases of diarrhœa, with aphthous ulceration of the mouth; passing another house, we come to two cases of diphtheria; then one, then two, then five; afterwards, in the same line, in nearly the same ratio, through the village.

When this peculiar disease (call it diphtheria, diphtheritis, or the vulgar throat-ail, as you please) first visited us, it had the appearance of membranous croup, and such I pronounced the first case to be; but soon it began to put on distinctive features. For the first month, those that died seemed to die of asphyxia. The patients were children, from five to ten years of age. With three exceptions in the whole disease, they were of that age—no infant dying with it, and no adult, though many had the disease.

The first cases presented the following symptoms on the first visit. The skin had a peculiar sickly heat, or a damp coolness; the face was pallid; the whole appearance being languid. The breath had a foetid smell. The patient was unable to breathe through the nose, the nostrils being lined with a false membrane of a yellowish white, upon a red base. This membrane extended through the nostrils, lined the pharynx, was reflected over the uvula, and reached the roof of the mouth. When torn from the uvula or tonsils, it formed a perfect cast of the parts from which it was torn. Sometimes the patients coughed up large patches; and one, a cast of the upper part of one of the bronchia.

The voice was hoarse, and there was often a slight cough. Great restlessness during the night, and prostration during the day, marked the whole course of the disease. The cough became more frequent and brazen, fits of great oppression of the chest, and cold extremities, occurred more often, and in the course of a week the little patient sunk, exhausted, or lingered with a low typhoid fever for two or three weeks, and then began slowly to convalesce.

After the first month, the disease took a new phase. Instead of passing down the larynx and simulating croup, it passed down the œsophagus; the patient then began to complain of nausea and faintness at the stomach; the extremities became cold as death, vomiting ensued, so that a teaspoonful of cold water provoked violent retching. In one case, hæmatemesis continued every hour, two days before death; the pulse fell to 50. A slow pulse marked every stage of the disease. In one case it fell to 45, a week previous to death, in a boy of ten years, and no stimulus affected it in the least. These patients died of exhaustion, suddenly fainting

and never recovering from it. Engorgement of the lungs and internal organs prevailed in these cases. After death, a beautiful waxen hue, flesh soft and pliable, and limbs flexible, were noted.

A singular calmness and fearlessness of death marked the fatal cases. The patients seemed firmly persuaded that they should die, even after they seemed to be convalescent. They distributed their little stores of toys and books, made arrangements for their funeral, and seemed to long to die. I have seen many a christian pilgrim "lay scrip and staff aside," but seldom such a beautiful serenity as shone in the countenances of these early called to the spirit land.

Convalescence.—This was always tardy and prolonged, seldom commencing till the close of the first month. The least exposure provoked a return of illness. The system seemed laboring under some potent poison. Patients, for three or four months, stalked about like lank and languid ghosts—the voice hoarse, the appetite capricious, the face pale, and the whole exterior anæmic.

Sequelæ.—1st, Dropsical effusions. 2d, Strabismus, double vision, partial blindness, continuing for a month or more. 3d, Chorea, great nervous irritability, in one case partial insanity.

Treatment.—In the early cases, emetic of ipecac, tart. ant., lobelia, sanguinaria, zinc, nauseating doses of antimony. Continued emetics, I think, are injurious, adding to exhaustion and distress, without relieving the patient. In later stages, tonics, quinine, &c., with stimulants. Chlorate potass. in the slighter cases did well, if pushed freely.

Local Applications.—Externally—sinapisms, cold water, &c. Internally—cauterizing with solid nit. arg. Steam was tried; chlorate potass. wash, cayenne, salt and vinegar. During convalescence, tonic and iron. I have now a case under treatment, and am trying gum guaiac., and chlorate potass.

I know of no better treatment than an emetic at the outset, an early exhibition of tonics, chlorate of potass., and cauterizing with nit. arg.

Concerning the disease itself, I can only say that I consider it a peculiar atmospheric poison, affecting the blood, wasting it of its clot, and having a peculiar depressing effect upon the nervous system.

With regard to the question of connection with scarlatina, I have to say, that a mild form of scarlatina prevailed on one side of our harbor, without cynanche, while diphtheria prevailed on the other shore. In three cases it followed mild scarlatina.

I have had three or four cases this autumn—one fatal, and the only *post-mortem* examination I ever could obtain. It showed appearances as mentioned in the last Medical Journal; specks of exudation on the larynx, trachea much infected, redness and inflammation increasing as we proceeded towards the bronchia.

Such is a hasty sketch of diphtheria, as it showed itself in this

town, and in no other on the Cape, with the exception of two or three cases that went from this town. In a practice of fifteen years, I have met with no disease in which medicine availed so little—none whose return I should fear so much. Right glad should I be, if your superior knowledge, or that of your associates, could point the way to success in its treatment. I earnestly hope that the experience of my brethren will be less painful than my own, if diphtheria must prevail in this country. Out of some seventy-five cases, twenty were fatal; three of the ages of 17, the rest children from 5 to 10, and one whose merry laugh, bright eye and sunny hair is still sadly missed in the home of

Your friend,

Wellfleet, Nov. 2, 1858.

T. N. STONE.

Army Medical Intelligence.

[From our Special Correspondent.]

WASHINGTON, D. C., DEC. 21, 1861.

MESSRS. EDITORS,—The following interesting case I submit to you and your readers as the next in my series—the first patient, I believe, whose history I have given you, thus far, who belonged to the Old Bay State; as such, it may to some be more interesting.

Private W. H., 1st Mass. Vols., Co. E, aged 25. Patient admitted Sept. 25th, 1861. On Sept. 17th, eight days prior to admittance, he was standing with both hands crossed over the muzzle of a gun, and with one foot carelessly resting on the guard. His foot slipped and the piece was discharged, the ball passing through the left hand near the wrist, and through the right just below the base of the forefinger, between the metacarpal bones. The tomion of the gun was also discharged, splintering and lodging itself in the left hand. This occurred at Port Tobacco. He was carried up to his camp, at Bladensburg, a distance of 42 miles, cold-water dressings only being applied to the wounded parts. He was here examined by the Brigade Surgeon, also, I think, from Massachusetts, and he expressed his opinion that the hand could be saved, and dressed it. The night previous to his admittance, secondary hæmorrhage commenced, and the patient again lost much blood, and passed the night in wild delirium. When he was brought in he was extremely pale and almost pulseless, and his feet were icy cold. Artificial warmth was applied to the feet, &c., and stimulus, in the form of milk punch, given. The left arm was excessively swollen, even up to the axilla, and erysipelas had set in to no inconsiderable extent. He was placed under the influence of ether, and the wound of the left hand was first examined. The bones of the carpus were broken. The wrist-joint was open, and filled with blood and pus, and amputation was by all deemed a matter of necessity, and was accordingly done at the wrist-joint. The muscles were divided across, and the flaps were made from the skin. Three ligatures only were applied, and the edges were then brought together with sutures and adhesive strips, and a lotion of lead, opium and water

placed over the whole. Brandy, beef-tea, iron and quinine were given daily, and the wound in the right hand injected with Labarague's solution, diluted. The amputated hand was then examined, and I give you a correct result of the examination, and let it be asked and answered whether or no the hand could possibly have been saved?—whether or no this is conservative surgery?

Appearances of Hand after Operation.—Wound ragged and stellate. Nearly half of the tompson was removed in splinters through the palmar surface of the hand, having been in during the whole eight days. Pus had burrowed up the forearm between the muscles. The unciform bone was very much comminuted. Many loose pieces were found in the wound. Intercarpal articulation open, and full of pus. Pus in radio-ulnar and radio-carpal articulations. All the bones of the second row of carpus, except the trapezium, were comminuted. Some fragments were lying loose, and others were adherent to the soft parts. The heads of three metacarpal bones were comminuted, and there was a longitudinal fracture of the metacarpal bone of the ring-finger. This is the result of the examination. It seems to me that it would be idle to suppose that this hand could have been saved.

Sept. 29th.—Sutures removed. Edges had partly united.

30th.—Ligatures came away. Some suppuration.

Oct. 4th.—Patient sitting up, and doing well. A quarter of a grain of sulphate of morphia given at bed-time.

Nov. 4th.—Discharged entirely cured.

II.

SURGICAL CASES IN THE ARMY OF THE POTOMAC.

[Communicated for the Boston Medical and Surgical Journal.]

Wounds of the Head.—Wounds of the head observed in our camp during the last three months have not been numerous. One case occurred, in which the soft tissues of the forehead were turned up three or four inches; another in which the eyebrow was divided in the vicinity of the supra-orbital nerves, producing cataract and other injuries of the eye, by concussion. In another case a contused wound, with some laceration of the soft parts on the back part of the head, got well in a few days by simple dressings. In another case the scalp was torn across the top of the head between the ears, some four or five inches, down to the pericranium, and separated considerably from the hard parts. This was a lacerated wound, in a teamster, and was caused by a broken branch in riding under a tree; it healed without suppuration. The last wound of the head which I will mention was one from a pistol ball. The bullet passed through the palate, the brain, and the bone of the skull, and was found immediately under the scalp, with a portion of the skull on its flat side in the upper part of the occipital region. This was a case of suicide, and death occurred instantaneously, in the same way that it does in the lower animals when the medulla oblongata is suddenly divided, as I have seen in the lecture-room of Magendie and at the shambles in killing calves.

Wounds of the Face.—The wounds of the nose. Among these have been several bites by horses. Acoff, of Co. F, going out of his tent one dark night to empty his stomach, was suddenly bitten by a vicious horse picketed close by, and the soft parts of his nose crushed in several pieces. Both wings were partially separated, and the cartilages exposed. The tip of the nose was taken entirely off. In order to

keep the parts in position, the nostrils were filled with cotton, and the fragments strapped down upon it with isinglass plaster. A Pibrac's case was made of felt and lined with patent lint covered with cerate and placed in position. The patient was young and healthy, and the wound healed by the first intention, leaving the nose with very little deformity. Kicks upon the nose, contusions from falls, accompanied with epistaxis, and lacerations of the soft parts, are not uncommon.

Fracture of the Lower Jaw.—Thomas Haviland, Corporal in Co. I, (Nov. 3d), was kicked by a horse in the lower jaw, on the right side, near the angle, and received a fracture at the symphysis. The accident was accompanied with effusion of blood in the eyelids of both eyes and on the eyeballs. The nose bled freely. The right side of the face was considerably contused, especially at the angle of jaw.

Treatment.—A piece of felt was moulded to the jaw, then lined with patent lint and kept firmly applied by means of the ordinary double bandage for these fractures. The teeth being uneven, and not adjusting themselves very well, a flat piece of wood was cut in a lunar form, and placed between them. The mouth was then firmly closed by the bandage, and was tightened from time to time, as they became loose, for three weeks, during which time the wood was retained in the mouth. The fracture has now (Dec. 14th) healed firmly, and the patient is doing full regimental duty. The concussion of the brain has left a slight tendency to vertigo, especially on stooping.

The lips, cheeks and chin have been variously lacerated and contused, by falls and otherwise. These have not been of sufficient importance to deserve special notice.

Wounds of the neck have not been common or serious.

Injuries of the Shoulder.—Among these are three cases of fracture of the clavicle, and three of luxation at the shoulder-joint.

The first fracture of the clavicle was very near the external extremity, and produced very little deformity. It was caused by a fall from a horse. The patient was restored to duty in about twenty-eight days. He is now quite well, and uses the arm, which is the bridle arm, with freedom.

The treatment consisted, first, in the use of *Velpeau* oblique bandage, with the hand of the injured side placed upon the well shoulder. At the end of six days this was removed, and the second and third bandages, with the axillary pad of *Dessault*, were substituted. Six days afterwards these were removed, and a simple circular bandage and suspensory one were used for the balance of the time.

The second case was a fracture near the external extremity also, and the treatment was the same, with like results.

The third and last case, J. D., of Co. G, is now under treatment and doing well. The fracture is at the junction of the outer with the middle third. The elevation of the inner fragment was much greater than in the other cases, and required a special application of pressure downward, with strong counter-pressure on the elbow, to keep it in place.

The same treatment was resorted to in the beginning as in the former cases, except that the bandage had to be drawn very tightly in the direction indicated. The patient, however, is a strong, muscular man, and bore it well. After a few days, a combination of *Velpeau* and *Dessault* bandages was resorted to and is continued to the present time. Twenty days have elapsed, and the patient is doing well. This

fracture was caused by a fall from a horse while at full speed, and the horse falling over the man. No internal injuries accompanied this accident.

Luxations of the Shoulder-Joint.—CASE I.—Corporal Williamson, of Co. I, in the unfortunate affair of the 29th of September, between the pickets of the New York, California and Pennsylvania regiments, fell from his horse, was run over and trampled upon, and was afterwards picked up with dislocation of the left shoulder-joint and severe contusions all down the left side, including the arm, hand, hip-joint, thigh, leg and foot.

When brought to the hospital at Camp Advance, in the morning of the same day, the luxation had been reduced, but the patient was in a very prostrated condition on account of the contusions and shock. The treatment, of course, consisted in properly supporting the arm and shoulder, and at first supporting the system, and then attending to the contusions. On leaving Camp Advance, on the 11th of October, the patient was placed in the brigade hospital, Chain Bridge, where he still (Dec. 12th) remains. His general health had been entirely restored, until about the middle of November, when he was attacked with typhoid fever. He has now recovered from this, but the arm and shoulder remain wasted and almost useless. He is about being discharged with a pension.

CASE II. was that of a teamster, who fell from his horse, near Camp Stoneham, and three days after was taken to the tent of Surgeon S., of Harlan's Cavalry. The luxation was at first downward, but as is very common when sufficient time intervenes, the head of the humerus had been drawn upward and forward under the great pectoral muscle. After slight manipulation over the knee, the patient sitting on a camp stool, he was placed upon his back, and having taken off my boot, my left heel was placed in his axilla, and, with the assistance of Surgeon S., extension and rotation were applied, until the head of the bone slipped into its cavity with an "audible snap." The case did well.

CASE III.—This was one also of luxation of the shoulder-joint, and caused by falling from a horse. The displacement was reduced by Dr. Y. The patient remains under treatment.

Various contusions, external and internal, of the shoulders and back, not involving fractures of bones, might be cited. These wounds place the parts in a condition requiring almost as much time to restore them to health, as cases in which bones are fractured: and in some instances, longer. Sloughing or abscesses have seldom been the consequences of these contusions. In one case, however, so much injury was produced in the second and third ribs, near the sternum, by the kicking of a gun, that caries of these bones has been established, and small portions have been discharged from time to time. This injury involves some pleuritic, and, perhaps, pulmonary adhesions, which make respiration difficult and prevent the free use of the right arm and shoulder.

Gun-shot Wounds.—CASE I.—Ditleff Tharalson, a private in the 2d Wisconsin Volunteers, while leaning on the muzzle of a gun, with a roll of his blanket between the armpit and the gun, accidentally touched the trigger with his foot, and received a charge of three buck-shot through the armpit and shoulder. The whole charge appeared to have passed through, making a clean round orifice in the axilla and a large, ragged, grumous one on the top of the shoulder. Small portions of bone

were found in the upper wound. These were portions of the clavicle, which was shattered into pieces. I saw the man but a few minutes after the accident happened, and watched his features with great anxiety for some time, expecting to see him sink from internal hæmorrhage. The skin across the upper part of the breast, as in cases of rupture of the heart, became moderately purple. Some bubbles of air were emitted from the upper wound, accompanied with a small stream of blood.

The man was placed in bed, and his shoulders elevated, and cold-water dressings applied. No great immediate hæmorrhage followed, nor, strange as it may appear, has there been any secondary hæmorrhage. On our leaving Camp Advance, some ten or twelve days afterwards, he was transferred to the brigade hospital, near Chain Bridge, and subsequently to his regiment, under the care of Dr. Ward, Regimental Surgeon. A slight oozing of blood continued for about two weeks, with, subsequently, moderate suppuration, accompanied with the usual slough of a gun-shot wound.

Surgeon Ward informs me that the case has gone on very well, and the patient is now nearly restored to health. This is the more extraordinary from the proximity of the wound to the great vessels and nerves of the axilla. Great anxiety was felt, after the period of primary hæmorrhage had passed by, lest the sloughing process should let loose a sudden and fatal secondary hæmorrhage; but our fears have proved groundless, and nature has apparently worked wonders.

My sheet does not permit me to describe another case of gun-shot wounds in the right side, in which the bullet followed the seventh rib, and passed out opposite the spine. I will give this in my next.

Yours, &c.,

JAMES BRYAN,

Brigade Surgeon to the Army of the Potomac.

We are indebted to the kindness of the Surgeon-General for the following extracts from letters of Massachusetts surgeons at the seat of war.

To the Surgeon-General. { CAMP SPRINGFIELD, NEAR ANNAPOLIS, MD.,
November 30th, 1861.

SIR,—I transmit herewith the monthly report of the sick of the 27th Regiment Massachusetts Volunteers, required by paragraph 1262 of the Revised Regulations. I should have sent it sooner, but was unable to procure the necessary blank forms. I have ventured to include in the report the sick list for the last week in September, so that it comprises a statistical return of all the sickness of the regiment while encamped in Massachusetts.

The kind indulgence with which you permitted me to communicate with you each week, or oftener, in regard to the medical affairs of our regiment, enabled me to offer nearly everything I had to say respecting the topography of the station, the hospital accommodations, the sanitary regulations of the camp, &c. I also reported in detail the only case of sickness of unusual interest that occurred during the sojourn of the troops near Springfield. I will not trespass on your patience by repeating the observations I have already made.

I would ask leave to say a word in condemnation of the "wedge tents" issued to our men. If this was the only form of tent in use, I should be a convert to the views of the late Surgeon-General of the

British Army, Dr. Jackson, and believe that it would be far better to burn up the tents and trust for shelter to huts. The wedge tent, occupied by six men (when, as in our case, 160 only are issued to a regiment), affords but 32 cubic feet breathing space to a man, instead of the needful supply of 120. The renewal of air is almost *nil*. On entering one of these tents towards 2 or 3 o'clock in the morning, the atmosphere is almost suffocating.

In Springfield, with the exception of two cases resulting from accident, the only dangerous cases we had were the six of typhoid fever. In the absence of other insalubrious causes, I could refer them only to the foul air of the A tents. Ours were struck twice a week, and the blankets and straw were daily aired; yet no sanitary precautions can make such shelters wholesome.

Of the six typhoid fever cases referred to, two (Lyman and Woffender) were left at home, after satisfactory assurances from their friends that no charges for indemnity for medical attendance, &c., would be brought against the State. One was convalescent, and three were brought with us and placed in the General Hospital at Annapolis, where they have since happily recovered, though not yet returned for duty. All six subjects were young, vigorous and athletic when they joined the regiment.

I have regretted that the men were not instructed, in Springfield, in the methods of cooking subsequently adopted. The cooks that made out very well with convenient stoves, proved awkward with trenches and camp kettles. The latter, in my opinion, are too few in number, and too small. The whole number allowed a company are used, for example, in preparing their coffee. There are consequently no vessels in which to pour off and clear this all-important restorative. After breakfast, there is a great hurry to cleanse the kettles and prepare for dinner. The meat or the soup is boiled *furiously*—to its detriment. Another impediment which I have encountered in efforts at culinary improvement, is the frequent changes among the cooks. The commanders of companies should assuredly be forbidden to permit this.

Except venereal diseases, the only contagious disorder that made its appearance at Camp Read was parotitis. Eleven cases occurred, all in one company (B), a company recruited exclusively from among a farming population. Metastasis to the testes occurred in two cases, but they were not troublesome.

It appears to the undersigned that the loose nature of the examination of recruits for the volunteer regiments detracts greatly from the efficiency of this force. Though about ten per cent. only of the recruits examined by me were rejected, yet I have subsequently found that of this small proportion a number were enlisted in other companies, after examinations by civil surgeons appointed for that purpose by the Surgeon-General. It appears to me that regimental surgeons would be better able to resist the importunity of officers solicitous to fill up their companies, if it was generally understood that the instructions issued from headquarters in regard to the examination of recruits were peremptory and immutable. Your ob't serv't,

GEORGE A. OTIS, Surgeon 27th Regiment.

To the Surgeon-General. { HEADQUARTERS 22D REG'T MASS. VOLs.
HALL'S HILL, VA., Dec. 2d, 1861.

DEAR SIR,—Another month has come and gone, and with it our re-

port has been made to Surgeon-General Tripler, or rather to the Medical Director, Dr. Lyman, of Porter's Division. It shows, this month, a slight increase of sickness compared with last, on account of more wet weather, it having rained here three times a week. The number treated in the hospital during the month is 33; remaining at last report, 7; taken sick during the month, 26; there are now remaining in hospital, 21. There have been four or five cases of typhoid fever, one of which has died, being the first death since the organization of the regiment. Ratio per 1000, $28\frac{1}{2}$.

Most of the cases prescribed for at surgeon's call, have been slight coughs and colds, occasioned in many instances by indiscretion on the part of the men. Thus far we think we can safely say that our regiment is *one* of the most healthy, if not *the* most healthy of those comprising the Grand Army of the Potomac.

Respectfully yours,

E. L. WARREN,
Surgeon 22d Regiment Mass. Vol.

{ CAMP HICKS, ANNAPOLIS, NOV. 28th, 1861.
To the Surgeon-General. { Med. Department 25th Reg't, M. V.

SIR,—It affords me great pleasure to forward, through the Medical Department, for the information of the State Authorities, the accompanying report of the sanitary condition of this regiment.

We have now been encamped at this place twenty-four days, during which time the number of patients treated in our hospital has averaged about eight. There has been one death from typhoid fever. Several patients, sick with rubeola, have been sent to the general hospital, in order to avoid exposing others. None of those at present on our sick list are in immediate danger, and most of them are convalescent. Our officers and men were highly gratified by the visit of His Excellency at our review, and hope we may enjoy the same pleasure again.

Yours, &c.,

J. MARCUS RICE, *Surgeon.*

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, DECEMBER 26, 1861.

KEROSENE.—There has been pointed out to us a statement concerning this substance in an advertising sheet said to be widely distributed, in which it is represented that "it is the opinion of the most eminent physicians in the country, that the inhaling of the gas which arises from the burning of kerosene or coal oils is steadily but surely destructive of human life"! Now as it has been a source of real satisfaction to us, that this admirable illuminating liquid is so generally superseding the various explosive compounds which, under the name of camphene, burning fluid and the like, have been the cause in recent years of such wide-spread destruction of human life, and as on this account, if for no other, we believe its introduction has been a real blessing to the community, it is somewhat trying to our patience to see it decried in this manner, without the slightest reason or shadow of truth. Of course, the disparaging statement is appended to an advertisement of another

illuminating fluid, which the proprietors hope to introduce by falsely calumniating kerosene. The preposterous statement quoted is followed by a certificate (which looks very much as if it were originally written as an appendix to a previous puff of the article in question, in which no mention is made of kerosene), signed by an individual who styles himself physician, but of whom all we can learn is, that he is classed among the *Eclectics*, so called, and of whom consequently no more need be said. We wish merely to record our flat contradiction of the statement which we have copied. Pure kerosene is a hydrocarbon, which, when used for purposes of illumination, is a perfectly innocent thing. The products of its combustion are carbonic acid and water, and are no more deleterious to health than are the compounds produced by the burning of a sperm-oil lamp. As there may be some persons in the community who might be deceived by the assumed opinion of physicians against it, we have felt it our duty to expose this misrepresentation, as it might have some influence, uncontradicted, to the injury of a very valuable article of domestic use. Such tricks of trade are very unfair, and too often similar unfounded general statements of professional opinion are allowed to pass unexposed, to the manifest injury of the community.

OUR attention has been called to the fact that in the *JOURNAL* of November 20th we published, as original, an article on "The Secretion and Uses of the Bile," which appeared, under the authorship of Prof. St. John, in the *College Journal of Medical Science* of February, 1858, published in Cincinnati. It is needless, we trust, for us to assure our readers that we were entirely innocent of the imposition thus practised upon us. We leave the author of it to his own reflections, hoping that he may not again be tempted to such an act.

INSTITUTION FOR THE TREATMENT OF CHRONIC DISEASES.—Our readers may not all be familiar with the fact that an establishment for the treatment of chronic diseases of females has for several years past been in successful operation among the pleasant hills of Berkshire, under the superintendence of Dr. C. T. Collins, of Great Barrington. We are glad to hear that this institution, which presents unusual inducements to patients who are without the accessory means and facilities of treatment at home, still continues open, notwithstanding the pressure consequent upon the war. Dr. Collins has had large experience in the treatment of this class of cases, having devoted himself to it for a considerable portion of his professional life, and we take this opportunity to recommend his institution to the profession, because we know it to be in the hands of a skilful physician, and because we believe that the healthfulness and beauty of the location afford the means of fulfilling an important indication in the above class of affections.

QUERY. *Messrs. Editors*,—In the neighborhood of St. James St., Roxbury, there is a reservoir, which supplies a considerable number of families. The water is said to be derived from a spring at the foot of the hill. Is it so?

The inquirer was lately induced to have a chemical examination of the water made, on account of a sick family, to whom it was supplied. It was found to contain a considerable proportion of Epsom salt.

Part way down the hill is a Catholic burying ground. Epsom salt is a favorite medicine with the Irish population.

Is there any connection possible between these two facts?

C. E. B.

In a letter of Dr. Peters, Surgeon at Fort Warren, Boston Harbor, to the *American Medical Times*, the writer makes the following allusion to the kindness and efficiency of our State authorities to the sick under his charge:—

"The order, concentrating from various parts the political and war prisoners at Fort Warren, Boston Harbor, was issued in the latter part of October, and was immediately carried into effect. The order gave me but short notice to obtain a suitable supply of medicines, stores, and bedding, for about sixty patients, who it was thought would be benefited by the change. The Medical Purveyor of New York (Dr. Satterlee, U.S.A.) promptly furnished me a field supply of these articles, and as the fort had been garrisoned by Massachusetts Volunteers, it was supposed the hospital there would be more or less provided. Unfortunately, the volunteers, on evacuating the fort, had carried away or expended most of the supplies, leaving only a sufficient quantity for the use of the mechanics and laborers engaged on the works; therefore, until additional supplies could arrive from New York, there might have been some just cause of complaint. The able and indefatigable Surgeon-General of the State of Massachusetts, together with the truly charitable citizens of Boston and the vicinity, offered every assistance and sent comforts to the sick prisoners of war, which tended to alleviate their helpless condition. It would be foreign to my purpose for me to herein mention individual instances of philanthropy and sympathy, extended towards a suffering enemy, as it has been my pleasure to here witness them; therefore, let it suffice for me to say that the sick under my charge fully appreciate this kindness, which to them was unexpected."

INTRODUCTION OF CHINESE FISH INTO FRANCE.—The rage for acclimatation is at its height in France just now, and we may soon hope to see canvas-back ducks, bird's-nest soup, and edible *boule-douges* on the bill of fare at the *Trois Frères*. Meanwhile the immediate bent of the Government seems to be the introduction of Chinese fish into this country. We are promised amongst other delicacies from the Celestial Empire the "cow fish" or "tsa-in," a creature so called from the fact of its eating chopped grass; its flesh is said to be very fine, and when in prime condition the "tsa-in" may exceed 100 lbs. in weight. The Chinese fish in early life are fed, it would appear, upon duck's eggs, and at the age of puberty are promoted to crushed peas or beans, and receive two, three, or four *repasts* a day until judged fat enough for the table. When very young, the fish (at least so M. Simon, from whose report to the Minister of Agriculture I have gleaned my information, assures us) are subject to a certain malady, a sort of distemper, which carries them off wholesale, unless suitable treatment, in the shape of the juice of certain leguminose fruits added to the water, be resorted to.—*Paris Correspondent of London Lancet*.

TREATMENT OF GOUT.—Trousseau conceives the following combination, proposed by M. Becquerel, to be most efficient:—Sulphate of quinine, twenty-two grains; extract of colchicum seeds, eight grains; extract of digitalis, four grains. Divide into ten pills. Two or three of these pills should be exhibited in the course of twenty-four hours, for two, three, or four successive days. The success is sometimes wonderful, the excruciating pain of a genuine acute paroxysm yielding in seven or eight hours, and the attack itself subsiding in two or three days.—*Dublin Medical Press*.

MEDICAL STUDENTS IN LONDON.—We understand that 1116 students have registered this session as pursuing their studies at the twelve metropolitan schools, against 1228 last year, showing a decrease of 112. The number of new entries amounts to 344, against 483 of last year, showing a decrease of 139.—*Lancet*.

CATARACT OPERATIONS.—Dr. Rivaud-Landrau, of Lyons, publishes, in *L'Union Médicale* of October 1st, very valuable statistics respecting 2317 cataract operations (extraction, couching, and tearing) performed by himself during twenty years. The author enters into many details which will prove extremely interesting as a basis for ophthalmological conclusions. Of the main results, we may state that, out of the 2317 operations by the three methods, 1921 were completely successful; 141 partially so; and 255 were failures. Out of the latter, however, the operation was tried again, and proved successful, in 19 cases. As to the method of operating, the author finds that, by comparing the successful operations with the failures, the latter give nine per cent. for extraction, and thirty-nine per cent. for couching. Dr. Rivaud has, therefore, almost given up couching, except in peculiar cases. Tearing failed in only five per cent. of the cases; but is only applicable in congenital or soft cataracts.—*London Lancet*.

A SECOND MILITARY HOSPITAL has been recently organized in Cincinnati, under the medical charge of Dr. C. McDermont. The Sisters of Mercy have charge of the nursing department, and perform their duties in their usual efficient manner. The appointment of Dr. McDermont to this post is an excellent one. The building used is a portion of the old German Catholic Asylum, on Third street.—*Lancet and Observer*.

SURGICAL PROMOTION IN THE ARMY.—Dr. J. H. Warren, late of Neponset, who went out as Surgeon of one of our Massachusetts regiments, has, we understand, been appointed Medical Director and Division Surgeon for Casey's Division, in Washington City. The beautiful residence of Mr. Stone, on Mt. Pleasant, has been offered by him to Dr. Warren for a division hospital.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, DECEMBER 21st, 1861.

DEATHS.

	Males.	Females.	Total.
Deaths during the week,	38	46	84
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	38.7	37.0	75.7
Average corrected to increased population,	84.45
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Variola.	Dysentery.	Typ. Fev.	Diphtheria
16	0	2	5	5	0	0	8	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College.—For the week ending Dec. 14th.

Mean height of Barometer,	30.009	Highest point of Thermometer,	58.0
Highest point of Barometer,	30.608	Lowest point of Thermometer,	18.0
Lowest point of Barometer,	29.770	General direction of Wind,	W.N.W.
Mean Temperature,	40.0	Am't of Rain (inches), including rain and melted snow of the previous week,	1.42

COMMUNICATIONS RECEIVED.—Case of Puerperal Fever.

PAMPHLETS, &c. RECEIVED.—Notes on the Surgery of the War in the Crimea, with remarks on the Treatment of Gun-shot Wounds. By George H. B. Macleod, M.D., F.R.C.S. Philadelphia: J. B. Lippincott & Co. (by J. W. Light, Boston). Price \$1.50.—Pathology of the Reproductives, &c. Trall and Jackson. Boston: B. Leverett Emerson, 112 Washington St.

MARRIED.—At South Malden, 17th inst., Edward P. Colby, M.D., of Concord, N. H., to Miss Annie S. Judson, of S. M.

DEATHS IN BOSTON for the week ending Saturday noon, December 21st, 84. Males, 38—Females, 46.—Accident, 4—apoplexy, 1—congestion of the brain, 1—bronchitis, 6—burns, 1—cancer (of the breast), 1—consumption, 16—convulsions, 2—croup, 2—debility, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 2—scarlet fever, 5—typhoid fever, 8—gastritis, 1—haemoptysis, 1—disease of the heart, 3—disease of the hip, 1—infantile diseases, 3—intemperance, 2—congestion of the lungs, 1—inflammation of the lungs, 6—measles, 1—old age, 2—puerperal disease, 1—sore throat, 1—disease of the spine, 1—suicide, 2—tumor (abdominal), 1—thrush, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 31—between 5 and 20 years, 8—between 20 and 40 years, 23—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 57—Ireland, 24—other places, 3.